

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See instructions for "Service of Process by U.S. Marshal"

<b>PLAINTIFF</b> United States of America		<b>COURT CASE NUMBER</b> C.A. No. 02-108E Mis. No. 02-56E	
<b>DEFENDANT</b> ANTHONY A. MAGNOTTA and BETTY MAGNOTTA		<b>TYPE OF PROCESS</b> Handbill Notice of Sale	
<b>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN PREMISES</b> <b>SERVE AT</b> ADDRESS (Street or RFD, Apartment No., City State and ZIP Code) 320 W. CORYDON STREET, BRADFORD, PA 16701			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Eric D. Rosenberg, Esquire McGrath & Associates, PC Three Gateway Center 401 Liberty Avenue, 13 <sup>th</sup> Floor Pittsburgh, PA 15222		Number of process to be Served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	
<b>SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (<i>Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service</i>):</b>  Please post Handbill Notice of Sale on premises before March 29, 2006, which is 30 days before the date of the sale. When filing your return on this 285 form, please attach copy of Handbill Notice of Sale which we provided herewith.			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	<b>TELEPHONE NUMBER</b> (412) 281-4333
<b>DATE</b> February 21, 2006			
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>			
I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve
Signature of Authorized USMS Deputy or Clerk			
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only if different than shown above)		Date 4/28/06	Time <input checked="" type="checkbox"/> am <input type="checkbox"/> pm 10:00
Signature of U.S. Marshal or Deputy 			
Service Fee 450	Total Mileage Charges Including endeavors	Forwarding Fee 802	Total Charges 530
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*) 530	
<b>REMARKS:</b> TO ERIC 4-12-06 			

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGEMENT OF RECEIPT